

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596317

FILING DATE

03 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	0			1		
5	2			1		
6	0			1		
7	1		1			
8	0		0			
9	0		0			
10	0		0			
11	0		0			
12	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	12	←	10	←		←
TOTAL CLAIMS	14	[Redacted]	12	[Redacted]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	←
TOTAL CLAIMS						